Exclusive Breastfeeding
May Substantially Reduce
Breastfeeding-associated
HIV Transmission

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A new and important study suggests that early exclusive breastfeeding reduces the risk of postnatal HIV-1 transmission and increases HIV-free survival. The key elements of the study are:

Objectives
The promotion of exclusive breastfeeding (EBF) to reduce the postnatal transmission (PNT) of HIV is based on limited data. In the context of a trial of postpartum vitamin A supplementation, the study provided education and counseling about infant feeding and HIV, prospectively collected information on infant feeding practices, and measured associated infant infections and deaths.

Design and methods
A total of 14,110 mother–newborn pairs were enrolled, randomly assigned to vitamin A treatment group after delivery, and followed for 2 years. At baseline, 6 weeks and 3 months, mothers were asked whether they were still breastfeeding, and whether any of 22 liquids or foods had been given to the infant. Breastfed infants were classified as exclusive, predominant, or mixed breastfed.

Results
A total of 4,495 mothers tested HIV-positive at baseline; 2,060 of their babies were alive, polymerase chain reaction negative at 6 weeks, and provided complete feeding information. All infants initiated breastfeeding. Overall PNT (defined by a positive HIV test after the 6-week negative test) was 12.1%, 68.2% of which occurred after 6 months. Compared with EBF, early mixed breastfeeding was associated with a 4.03 (95% CI 0.98, 16.61), 3.79 (95% CI 1.40–10.29), and 2.60 (95% CI 1.21–5.55) greater risk of PNT at 6, 12, and 18 months, respectively. Predominant breastfeeding was associated with a 2.63 (95% CI 0.59–11.67), 2.69 (95% CI 0.95–7.63) and 1.61 (95% CI 0.72–3.64) trend towards greater PNT risk at 6, 12, and 18 months, compared with EBF.

Authors
The study was undertaken by Peter J. Iliff, Ellen G. Piwoz, Naume V. Tavengwa, Clare D. Zunguza, Edmore T. Marinda, Kusum J. Nathoo, Lawrence H. Moulton, Brian J. Ward, the ZVITAMBO study group and Jean H. Humphrey.

The study was published in the Journal AIDS 2005 Vol 19 No.7.
Supplementing the UN Policy Framework

The “Zvitambo” study is a most important supplement to the work of UNICEF and WHO, both of which have called for stronger support for the implementation of the joint United Nations HIV and infant feeding framework. It should be widely circulated.

The UN framework outlines five priority areas that are needed:

- Develop or revise (as appropriate) a comprehensive national infant and young child feeding policy, which includes HIV and infant feeding.

- Implement and enforce the International Code of Marketing of Breast-milk Substitutes and subsequent relevant World Health Assembly resolutions.

- Intensify efforts to protect, promote and support appropriate infant and young child feeding practices in general, while recognizing HIV as one of a number of exceptionally difficult circumstances.

- Provide adequate support to HIV-positive women to enable them to select the best feeding option for themselves and their babies, and to successfully carry out their infant feeding decisions.

- Support research on HIV and infant feeding, including operations research, learning, monitoring and evaluation at all levels, and disseminate findings.

Follow Up

If you wish to connect with this work and support WABA work on Research, Advocacy and Capacity building, link with the WABA Task Force on HIV and Infant Feeding. Email: waba@streamyx.com

For more information, log on to www.waba.org.my

Also included in this issue of WABALink Issue No.36, is the People’s Health Charter on HIV and AIDS by the People’s Health Movement. <www.phmovement.org/hivaidcharter/index.html>